## Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	_05/22/2010_	Address:	Blake Road
Case #:	<u>PO 10-070D</u>		East of Fletchall Road
County:	Posey		
Type of Laboratory Seizure (check one)		Seizure Location (check all that apply)	
Operation Chemics Dumpsi	al/Glassware/Equipment (only)	Residence Outbuilding Vehicle	☐ Hotel/Motel ☐ Open – No Structure ☐ Other:
Check all the   Lithium   Red Pho   Flamma   Water R   Manhydre   Hydrocl   Corrosir   Corrosir	nd: Location (bedroom, kitchen, open ai at apply)  /Ammonia Reaction(s): Open Air osphorous/Iodine Reaction(s): ble Solvents: Reactive Metal (Lithium): ous Ammonia: Open Air hloric Acid Gas Generator(s): ve Acid: ve Base: tem and location):	r, etc)	
☐ Yes _ ⊠ No	er age 18 discovered (check one) (number present) eport to Child Protective Services	☐ Ephedrin ☐ Retail/M	e Information e/Pseudoephedrine Tracking Log erchant Tip cated by officers_
This report is to be faxed to the following agencies that serve the location:			
Health Dep	ection Service: N/A	Fax: <u>E-MA</u> Fax: <u>E-MA</u> Fax: <u>E-MA</u>	<u> AIL</u>
For further information regarding this methamphetamine laboratory, contact Investigating Officer: <u>J.Fortune</u> Phone <u>812-449-1949</u>			

This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.